

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/584497

05/04/2007.

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	0		1			
5	0		1			
6	0		1			
7	0		1			
8	1		1			
9		1		1		
10		1		1		
11	1		1			
12		1		1		
13	0		1			
14	0		1			
15	0		1			
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TOTAL IND.			7			
TOTAL DEP.			14			
TOTAL CLAIMS			17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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